

# ST. JOHN'S ACADEMY

## Student/Family Application

ST. JOHN'S  
A C A D E M Y



Return Applications to:

St. John's Academy  
1533 Wildwood Drive  
St. Augustine, Fl. 32086  
(904)824-9224

wbrooks@stjohnsacademy.com

[www.stjohnsacademy.com](http://www.stjohnsacademy.com)

### Application Process

1. Submit application and a \$100 application fee per child.
2. Submit copies of the most recent standardized test results, attendance record and report card.
3. Our admissions staff will contact you to schedule testing and class visit.
4. If accepted, reserve your spot by returning the enrollment form and deposit within 14 calendar days.

*St. John's Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational and admissions policies and other school-administered programs.*

# ST. JOHN'S ACADEMY

## ADMISSIONS CHECKLIST 2021-2022

### NEW STUDENT APPLICATIONS

- Submit original birth certificate the day of visit.
- Once accepted**, \$500 deposit due with Enrollment Contract within 14 days of acceptance. (OR PAYMENT IN FULL, IF APPLICABLE)

### OTHER OBLIGATIONS, FORMS AND FEES

- Submit immunization record and health form or (if requested) updated forms (Florida Forms DH 680 – Blue Card & DH 3040 – Gold Form)
- Attend Parent Orientation **TUESDAY, August 30<sup>th</sup>**
- Fees due per schedule
- Order uniforms (RC Uniforms)

# ST. JOHN'S ACADEMY



## STUDENT INFORMATION

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_ referred to as \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## EDUCATION INFORMATION Please list schools previously attended, commencing with the most recent.

**School** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

From Grade \_\_\_\_\_ to Grade \_\_\_\_\_

**School** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

From Grade \_\_\_\_\_ to Grade \_\_\_\_\_

Has the applicant been tutored?	Yes	No
Has the applicant been subject to any disciplinary action?	Yes	No
Has the applicant skipped or repeated a grade?	Yes	No
Does the applicant have any behavioral problems?	Yes	No
Does the applicant have any learning difficulties?	Yes	No
Does the applicant have any physical disabilities or illnesses?	Yes	No

If yes to any of these questions, please provide a complete explanation. If more space is required, attach a separate page.

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# ST. JOHN'S ACADEMY

## FAMILY INFORMATION

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Occupation and Title

\_\_\_\_\_  
Occupation and Title

\_\_\_\_\_  
Name of Firm/Company

\_\_\_\_\_  
Name of Firm/Company

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone

If parents are separated or divorced, please list name, address, and phone number of the other parent if you desire him/her to receive correspondence from the school.

## CHURCH AFFILIATION

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Please list all children in your household.	Birthdate	Rising Grade	Applying for Admission	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

How did you learn about St. John's Academy? \_\_\_\_\_

*We certify that all the information on this application is true and complete and authorize St. John's Academy to contact the applicant's previous school(s) and teachers to obtain records and opinions regarding the applicant(s). We acknowledge that if accepted, our child will be taught according to the Statement of Faith and Philosophy of Education.*

## Parent/Guardian Signatures

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_